

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Alicia Ramirez		Date of This Filing 6/8/22	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 559 572-0363	I.D. NUMBER (if applicable) 1446337	Report No. _____	RECEIVED	
STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> Amendment to Report No. _____ (explain below)	AUG 04 2022	
CITY _____	STATE _____	ZIP CODE 93202	No. of Pages _____	KINGS COUNTY ELECTIONS

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
6/7/22	Rising Electorate PAC Selma, CA. 93662 FEC ID C00648956		1,000	6/7/22
6/7/22	CALIFORNIA CORRECTIONAL (CCSO-PAC) SUPERVISORS ORGANIZATION PAC SMALL CONTRIBUTOR COMMITTEE DACRAMENTO, CA. 95814 (#962913)		1,000	6/7/22

Reason for Amendment: Received 6/7